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WENMM SB/01 (11/01)
32064-5:LSP:149330

| | | | | |
|---|--------------------------------|--------------------------|--------------------|---------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | 32064-5 | |
| | | First Named Inventor | Jonathan Phillips | |
| COMPLETE IF KNOWN | | | | |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required) | Declaration | <input type="checkbox"/> | Application Number | New |
| | Submitted after Initial Filing | | Filing Date | New |
| | | | Group Art Unit | Unknown |
| | | | Examiner Name | Unknown |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PEDIATRIC INTRAMEDULLARY NAIL AND METHOD

(Title of the Invention)

the specification of which

is attached hereto **OR** was filed on (MM/DD/YYYY) as United States
Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment specifically referred to above.

I acknowledge and hereby disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Check Only If Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| | | |
|-------------------------------------|--|---|
| Application Number(s) 60/252,536 | Filing Date (MM/DD/YYYY) 22 November 2000 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-------------------------------------|--|---|

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the Untied States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|---------------------------------------|---------------------------------|---|
| PCT/US00/14840 | 26 May 2000 | |
| 09/321,369 | 27 May 1999 | |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

Place Customer Number Bar Code Label Here

OR

Registered practioner(s) name/registration number listed below.

| Name | Registration Number | Name | Registration Number |
|------------------|---------------------|------|---------------------|
| L. Scott Paynter | 39,797 | | |

Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to : Customer Number Bar Code Label OR Correspondence address below

| | | | | | | |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

Jonathan

Phillips

| | | | | | | | |
|----------------------|-----------------------|-------|---------|---------|---------------|-------------|----------------|
| Inventor's Signature | | | | | | Date | |
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION**Registered Practitioner Information
(Supplemental Sheet)**

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